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Bib Data Sheet

CONFIRMATION NO. 8128

SERIAL NUMBER 10/601,854	FILING DATE 06/24/2003 RULE	CLASS 002	GROUP ART UNIT 3765	ATTORNEY DOCKET NO. 942218
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APPLICANTS

Spyros Agathos, London, CANADA;

Gus Vouvalidis, London, CANADA;

** CONTINUING DATA ***** **NONE** GLW

** FOREIGN APPLICATIONS ***** **NONE** GLW

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** 08/18/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CANADA	SHEETS DRAWING 5	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

AIR MAIL

33798
 ANISSIMOFF & ASSOCIATES
 RICHMOND NORTH OFFICE CENTRE
 SUITE 201
 235 NORTH CENTRE RD.
 LONDON , ON
 N5X 4E7
 CANADA

TITLE

Finger shield and support for split-fingered glove

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other
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